PART B - FEE(S) TRANSMITTAL

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۸۸	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of add 23117 7590 02/10/2005 NIXON & VANDERHYE, PC 1100 N GLEBE ROAD 8TH FLOOR ARLINGTON, VA 22201-4714 6/21/2005 SZEWDIE2 00000042 09785241			A JOY CATO TO THE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name)			
01 02	FC:1501 1400.00 OP FC:1504 300.00 OP		FATE TRADE	MALL			(Signature)	
	FC: A001 15.00 OP APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	09/785,241	02/20/2001			olm Vignoles	550-216	4405	
	TITLE OF INVENTION: TEST DRIVER ORDERING							
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400		\$300	\$1700	05/10/2005	
	EXAMINER		ART UNIT		CLASS-SUBCLASS			
	PEESO, THOMAS R		2132		713-188000			
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a sistered attorney or agent) and the names of up to egistered patent attorneys or agents. If no name is ed, no name will be printed. NIXON & VANDERHYE P.C Christopher J. Hamaty 3			
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Networks Associates Technology, Inc. Santa Clara, CA						document has been filed for	
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	Issue Fee Publication Fee (No small entity discount permitted)			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. (\$1715.00) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).				
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	Authorized Signature	Malas	Kan			4/20/05		
	Typed or printed name	Stanley . S	pooner		Registration	No. 27,39	3	

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